V.S. No. 300
Rev. 10-48

FILED DEC 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42015

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 202

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: AUDRAIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MEXICO, MO.
c. LENGTH OF STAY (in this place): 30 MINUTES
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): AUDRAIN-CO-HOSPITAL.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PHELPS.
c. CITY OR TOWN: ROLLA-MO
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☒
e. STREET ADDRESS (If rural, give location): RF.D. ROLLA-MO. 0810 1

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM - b. (Middle) B. - c. (Last) LISTER

4. DATE OF DEATH (Month) (Day) (Year): Dec-11-1953.

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED.
8. DATE OF BIRTH: FEB-14-1910.
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months 9, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MECHANIC.
10b. KIND OF BUSINESS OR INDUSTRY: RESIVOUR & CISTERN
11. BIRTHPLACE (City and State or Foreign Country): WENSVILLE-MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Wm-B-LISTER
13b. MOTHER'S MAIDEN NAME: MARY-STODELL.
14. NAME OF HUSBAND OR WIFE: VIRDIE-LISTER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): UNKNOWN
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME: DELORIES-SHRUM. ADDRESS: ROLLA-MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) An Inquest with Jury. Accidental Wreck — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Between G. M. and O. Passenger train #10 and Deceased

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Automobile at Laddonia Mo. Found Dead at the Audrain County Hospital by

DUE TO (c) Dr Lankford, Mexico Mo. Died from injuries received at wreck. Chrust Chest

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: Crushed Chest E8104 27
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accidental
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Laddonia Mo.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Railroad Crossing Laddonia Audrain Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 11 1953 1:56 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Collision between Train and Auto

22. *I hereby certify that I attended the deceased from* Inquest *19___, to _____, 19___, that I last saw the deceased* Died *on* Dec. 11, 1953, *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. C. Adams M.D. Coroner
23b. ADDRESS: MEXICO-MO
23c. DATE SIGNED: 12/12/1953.

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL.
24b. DATE: 12/12/1953.
24c. NAME OF CEMETERY OR CREMATORY: ROLLA-MO
24d. LOCATION (City, town, or county) (State): ROLLA-MO.

DATE REC'D BY LOCAL REG.: Dec-12-1953
REGISTRAR'S SIGNATURE: Blanche Neely
25. FUNERAL DIRECTOR'S SIGNATURE: Clyde C. Wilkey ADDRESS: LADDONIA MO

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clyde C. Wilcox

Licensed Embalmer No. 3820

P. O. Address Perry, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.